

36. *On the Suckling and Feeding of Infants.*—Dr. KUTTNER, of Dresden, presents the following aphorisms as the fruits of his practical observation :—

1. A knowledge of and attention to their proper nourishment, is a fundamental necessity for the successful treatment of sick children. He who will cure them, must, before all things, know how to feed them.
2. Articles of diet must often serve as medicine, and medicine be used in place of food.
3. The mother's breast is the best food for the infant; and only when an absence of milk, or the condition of the mother's health, renders suckling impossible, should the substitution of a nurse receive medical sanction.
4. In the choice of a nurse we cannot be too careful and suspicious; but the most careful examination may prove defective, unless we can ascertain the condition of her own child.
5. Nurses sometimes conceal their deficiency of milk with much cunning. The continuous, spontaneous issue of milk is by no means a sign of actual abundance, but far oftener of an atonic state of the milk ducts and nipples.
6. When an infant does not thrive upon a breast, but is thirsty, constipated, and restless, the nurse, whatever the condition of the secretion of her milk may be, must be changed without hesitation.
7. Let the change be made at once, for all delay is injurious to the child.
8. A nurse's milk should entirely suffice for the child; but when the mother's milk does not do so, it should be made up, not by food, but by other milk—it being a popular error that the two milks do not agree.
9. It is not rare to find, in nurses having apparently abundance of milk, that this undergoes, on their first arrival, a considerable diminution. Regret at leaving their own child and home, different mode of life, and the irritation of the gland by the suckling, are the causes of this inconvenience, which ceases, if we wait quietly and encourage the woman.
10. The only test of the goodness of a nurse is the condition of the child. The state of its stools testifies to the quality of the milk, and the amount of urine to the quantity.
11. Except during the first few days, suckling every two hours is most suitable; for a too frequent and a too seldom application to the breast are alike injurious to the condition of the milk. For the sake of rest, a pause of five or six hours should be secured at night.
12. The appearance of the menses while suckling, if not accompanied by an abiding diminution of the milk, is not hurtful to the infant.
13. Suckling from a suppurating breast is not without danger both for the infant and the nurse.
14. The period for ceasing suckling, or for combining feeding with it, cannot always be determined beforehand. Neither the age of the child nor the presence of a certain number of teeth can alone determine this. Of not less importance are the state of the health and development of the infant, and its longing for other food, accompanied, as this sometimes is, with a remarkable indifference to the breast itself. The time of year, the condition of the nurse, and especially of the secretion of milk, have also to be taken into consideration.
15. The wide-spread opinion that cow's milk is more suitable in the spring, owing to the character of its food, is without foundation, as the milk is often then purgative; while in the autumn it often undergoes an advantageous chemical change.
16. Gradual weaning, when possible, should always be preferred.
17. When suckling is impossible, cow's milk offers the best substitute.
18. The artificial feeding of children, properly managed, does not lead to such unfavourable results as usually supposed; but it is more troublesome, and often more expensive than a nurse. Children so brought up may appear, during the first six or nine months, more imperfectly nourished than sucklings; but after that period they regain their size, and no difference can be detected between them.
19. It is always a great advantage for children who are to be brought up by hand, if they can be suckled during the first weeks, if even only partially.
20. We cannot lay down any absolute rules for artificial feeding, which requires adaptation to individual cases. The thriving of the child, the condition of its bowels, and its quietude or restlessness must be our guides.
21. The chemical analysis of milk shows especially that this secretion is liable to great individual quantitative and qualitative varieties, dependent upon a great variety of circumstances. Hence, the remarkable differences found in the examinations of the milk made by different chemists, and the difficulty in constructing a scale of the various kinds, according to the amount of their constituent parts.
22. Every addition to cow's milk should

have for its object the rendering it more similar to human milk, and, consequently, more digestible. 23 and 24. Much importance is not to be attached to always obtaining the milk from the same cow, or to the cow being fed on dry food (hay, etc.). 25. The morning's milk is preferable, not only because it is fresher, but because it contains notably less fat and casein. 26. Warming the milk when it cannot be given just after milking is desirable; for it otherwise gives rise to flatulence, diarrhoea, or constipation, or at all events to a most offensive smell of the evacuations, which at once disappears when the milk is given boiled. During the boiling a cascous membrane is formed, which, protecting the milk from the access of the air, causes it to keep better. 27. Skimmed milk is not suitable for infants. Cow's milk does not contain much more fat than human, and the quantity is easily diminished by dilution. Skim milk is not only too poor in fat, but it is too old; for, having stood so long to yield its cream, it has undergone certain chemical changes. As a general rule, it is an error to forbid children fat, butter, etc., in their diet, as we thus prohibit an important article of nutrition, that appears essentially to contribute to the assimilation of albumen and its modifications. Both substances are found in the maternal milk, the fat being more abundant the shorter the time that has elapsed since delivery. Fat is also an important medicinal agent in diseases, such as scrofula and rickets, indicative of a defective nutritive process. 28. Cow's milk in general contains very little more solid constituents than human milk, and the dilution usually made is not theoretically justifiable; and, at all events, this should never be carried so far that the child takes only one-half milk. Cow's milk is not rendered indigestible by the absolute amount of solid constituents, but either by their chemical condition or their proportions to each other being different, neither of which conditions is influenced by dilution. Not only does too great dilution deprive the child of nutriment, but it renders the milk more indigestible, for the author's experiments have shown, the more diluted the milk the more firm does its coagulum become. He has seen many children thrive well when fed from their birth upon undiluted milk, and especially when they could drink it fresh; and if given diluted at all, not more than a fourth, or at most a third of water should be added, to be left off after some months. 29. Among all the differences between cow's and human milk, the proportion of caseum is the most important, for not only is this more abundant, but it coagulates with more difficulty. While that of human milk coagulates into a loose, flocculent jelly, the caseum of cow's milk hardens into large firm lumps, which are with difficulty soluble, easily disturb digestion, and are often found unchanged in the stools. This alone constitutes the difficulty in nourishing infants upon cow's milk, and it also forms the best test for ascertaining the suitable digestion of the milk. To remove this by coagulation, and feed the infants upon the whey, would be to deprive the milk of some of its most precious constituents. Our object must be to render the coagulum as little firm as possible. Dilution only renders it more so, while the addition of half a teaspoonful of *pulv. acaciæ* to each cup of milk exerts a very good effect, the coagulum then taking in the appearance of a loose jelly. Such milk is well borne, and the undigested lumps of caseum are no longer found in the better-coloured stools. 30. Human milk is sweeter, and the addition of sugar to cow's milk is the more required the more diluted this is used. Sugar of milk is most to be preferred, although it sweetens less. Its sweetening power is, however, increased by the addition of a minute quantity of salt. 31. Addition of salts to cow's milk is unnecessary, as these are already more abundant than in human milk. In order to prevent acidification of the milk, and especially in summer, it is desirable to add a little chalk before boiling the milk, or, in the case of constipation, magnesia. Cow's milk requires as little assistance from other articles of diet as does the human milk. When the development of the child is sufficiently advanced, and especially if several teeth have appeared, vegetable nutriment may be added, as biscuit, or roll, and, later, gruel. These substances should be well soaked in water or weak broth, and a little salt, not sugar, added as a condiment. 33. If the sucking infant is the subject of diarrhoea, we must not all at once alter its food, but rather change the diet of the nurse, or if necessary employ another. When the employment of cow's milk with farinaceous

or gummy substances cannot be borne, and an exhausting diarrhoea continues, we should substitute raw yolk of egg in a decoction of grits.—*Med. Times and Gaz.*, Jan. 24, from *Journal für Kinderkrankheiten*. Bd. 26.

SURGICAL PATHOLOGY AND THERAPEUTICS, AND OPERATIVE SURGERY.

37. *Compression in the Treatment of Aneurism*.—Mr. BLENKINS, of the Grenadier Guards, read to the Army Medical and Surgical Society (Dec. 6th, 1856), the report of a case of aneurism which had occurred in a soldier of his regiment, and had been cured in twenty-four days. The application of a seven pounds weight in the groin had been found to be the most efficient and least irksome means of applying the pressure. The contents of the sac were not absorbed, suppuration took place, and the whole fibrinous mass forming the interior of the tumour eventually escaped through the opening which had been made for the discharge of the matter. The mass, on admeasurement, was found to be four inches in diameter, having almost a circular form. The sac subsequently contracted and closed, and the man recovered the use of his limb. The author of the paper then referred to all the known statistics of aneurism by deligation and compression, showed how immensely superior the results were in favour of the latter mode of treatment, and expressed his conviction that no case should be ligatured primarily that was adapted for this mode of treatment. He expressed himself as decidedly opposed to the principles laid down by Mr. Syme, of Edinburgh, on this head, as, when compression failed, it rendered the secondary operation more certain of success by diminishing the risk of gangrene. In every case of popliteal aneurism which had occurred in the Brigade of Guards, since the revival of this method by the Dublin surgeons, this means had been resorted to, and in every instance with success. Mr. Blenkins looked forward to favourable results from the application of pressure to the distal side of the artery, in cases where it could not be adapted to the proximal end of the vessel. He also alluded to a preparation which was on the table, demonstrating a successful cure by compression for popliteal aneurism, which had occurred in the Coldstream Guards.

Mr. PELHAM related a case of popliteal aneurism of the left leg, which had occurred at Chatham, under the care of Mr. Dartnell, in which two tourniquets or wooden clumps had been applied over the femoral artery; one at about a hand's-breadth over the knee, and the other below the groin; the clumps being tightened or relaxed alternately, as the pressure of one or other became irksome. On the fourth day, pulsation had entirely ceased in the tumour; and on the sixth day, the pressure of the tourniquets was loosened; on the day following they were removed altogether, and at the end of somewhat less than three months he was discharged for duty in the garrison, where he remained under observation for two months longer, and then rejoined his regiment in perfect health. Long prior to his departure, the tumour had entirely disappeared. The circumference of the limbs was alike at every part, the temperature the same, and the patient walked without any lameness. Mr. Dartnell remarked that, as far as he was aware, there was no case on record of popliteal aneurism where the cure by compression had been so rapidly successful.

Dr. MONRO alluded to the case which had occurred in the Coldstream Guards, and which, as the author of the paper had stated, furnished him the means of displaying to the Society the beautiful preparation on the table. The patient was admitted into hospital on the 19th of April, 1852, with popliteal aneurism of the left leg, about the size of a small orange. Compression was commenced on the 22d, by means of an instrument invented by Mr. Phillips, of the Westminster Hospital. The pressure was made at first on the artery, immediately below Poupert's ligament. In about two hours, however, so much pain was complained of that the instrument was removed. Being convinced that the